



# TOWN OF LAKE PARK

## APPLICATION FOR EMPLOYMENT

The Town of Lake Park does not discriminate on the basis of any protected status including race, color, creed, national origin, religion, sex, age, marital status, or disability. The policy applies to applicants for employment as well as current employees. Questions regarding this policy, may be directed to the Town Manager or Human Resources Department. **THE TOWN OF LAKE PARK IS AN EQUAL OPPORTUNITY EMPLOYER**

THIS IS A DRUG FREE WORKPLACE

POSITION APPLIED FOR: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ OFFICE: \_\_\_\_\_ FAX: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ D.L. #: \_\_\_\_\_

### EDUCATION HISTORY

High School Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Date Graduated: _____ Degree Received: _____
College/University Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Date Graduated: _____ Degree Received: _____
Graduate School Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Date Graduated: _____ Degree Received: _____
Special Training/Vocational School Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Date Graduated: _____ Degree Received: _____

### FOREIGN LANGUAGES:

Speak: _____	Fluent: _____	Good: _____	Fair: _____
Read: _____	Fluent: _____	Good: _____	Fair: _____
Write: _____	Fluent: _____	Good: _____	Fair: _____

ATTACH COPIES OF DEGREES and CERTIFICATES

Other Training: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

(List All Previous Employers, Starting with Most Recent)

Name of Employer: _____	Describe Your Duties: _____
Address: _____	_____
Telephone: _____	_____
Employment Dates: From _____ To: _____	_____
Supervisor: _____	_____
Reason for Leaving: _____	_____
Name of Employer: _____	Describe Your Duties: _____
Address: _____	_____
Telephone: _____	_____
Employment Dates: From _____ To: _____	_____
Supervisor: _____	_____
Reason for Leaving: _____	_____
Name of Employer: _____	Describe Your Duties: _____
Address: _____	_____
Telephone: _____	_____
Employment Dates: From _____ To: _____	_____
Supervisor: _____	_____
Reason for Leaving: _____	_____
Name of Employer: _____	Describe Your Duties: _____
Address: _____	_____
Telephone: _____	_____
Employment Dates: From _____ To: _____	_____
Supervisor: _____	_____
Reason for Leaving: _____	_____
Name of Employer: _____	Describe Your Duties: _____
Address: _____	_____
Telephone: _____	_____
Employment Dates: From _____ To: _____	_____
Supervisor: _____	_____
Reason for Leaving: _____	_____

LIST SPECIAL JOB RELATED SKILLS: \_\_\_\_\_

\_\_\_\_\_

LIST TRADE OR BUSINESS ORGANIZATIONS: \_\_\_\_\_

\_\_\_\_\_

## MILITARY HISTORY

BRANCH OF SERVICE: \_\_\_\_\_ WHEN: \_\_\_\_\_ RELEASE: \_\_\_\_\_

TYPE: \_\_\_\_\_

JOB RELATED TRAINING: \_\_\_\_\_

\_\_\_\_\_

MISCELLANEOUS: \_\_\_\_\_

\_\_\_\_\_

	Yes	No
If under 18, can you provide proof of eligibility to work?	_____	_____
Have you ever applied to us before? If so, when? _____	_____	_____
Do you have a relative or friend employed with us?	_____	_____
May we contact your present employer?	_____	_____
Are you able to perform the duties and responsibilities of the position for which you are applying?	_____	_____
Have you EVER been arrested, received a notice to appear, charged, convicted, pled <i>nolo contendere</i> or pled guilty to ANY criminal violation? (Conviction will not necessarily bar you from employment.)	_____	_____
If applying for a position which requires driving, do you possess a valid CDL?	_____	_____
Is there any accommodation you would need to perform the duties of the position you are applying for?	_____	_____
Can you work evenings?	_____	_____
Can you work weekends?	_____	_____

Any offer of a position with the Town of Lake Park is contingent upon passing a physical, which includes a drug test. All positions carry with them a specified probationary period during which time the employee is continuously evaluated for suitability for the position. During this period, employment may be terminated at any time if performance is not satisfactory.

I certify that the information I have given is true and correct to the best of my knowledge and that falsification of this record is grounds for termination. I consent to have background checks, drug testing, reference checks and any other necessary investigations to determine my suitability for employment. I hereby release the Town of Lake Park from any and all liability for damages of any kind resulting from background record checks associated with this application.

Signature of Applicant	Date
Signature of Applicant's Parent or Legal Guardian (if applicant is a minor)	Date

EEO INFORMATION (Optional)

DOB: \_\_\_\_\_ SEX \_\_\_\_\_ ETHNICITY \_\_\_\_\_

# Authority to Release Information

To Whom it May Concern:

I hereby authorize any representative of the Town of Lake Park bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my attendance, personal history, disciplinary records and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Town of Lake Park to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, as employer, educational institution or consumer report agency, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: \_\_\_\_\_  
Signature

Full Name: \_\_\_\_\_  
Print

Current Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

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STATE OF FLORIDA

COUNTY OF: \_\_\_\_\_.

The foregoing instrument was acknowledged before me this \_\_\_\_\_  
Date

by \_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did / did not take an oath.

\_\_\_\_\_ Notary Public, Commission #: \_\_\_\_\_

\_\_\_\_\_ Notary Name    Notary Seal:  
Type, Print or Stamp

**Note to Employer: Remove this section upon completion of the selection process.**

**VETERANS' PREFERENCE CLAIM**

Have you ever claimed and been employed through Veterans' Preference? ☐ Yes ☐ No

If "yes", give the name and address of employer:

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**IF "NO", ARE YOU CLAIMING VETERANS' PREFERENCE** (in accordance with Chapter 55 A-7, Florida Administrative Code, and Chapter 295 Florida Statutes)? ☐ Yes ☐ No

**IF "YES", WHAT CATEGORY ARE YOU CLAIMING?** \_\_\_\_\_ (Please indicate number from Veterans' Preference categories below.)

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
3. A veteran of any war who has served on active duty of one (1) day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
4. The unremarried widow or widower of a veteran who died of a service-connected disability.

**HAVE YOU EVER BEEN EMPLOYED BY ANY GOVERNMENTAL ENTITY WITHIN THE STATE OF FLORIDA?** ☐ Yes ☐ No

**ARE YOU A RESIDENT OF THE STATE OF FLORIDA?** ☐ Yes ☐ No

**NOTE:** If you are claiming Veterans' Preference, you must meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) or comparable document which serves as a certificate of release or documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods as defined in 1.01, F.S. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, Post Office Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within twenty-one (21) days of the applicant receiving notice of the hiring decision made by the employing agency or within three (3) months of the date the application is filed with the employer if no notice is given.